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							_					
	in this information											
Del	btor 1	Robin K. Inc	gram			_						
	btor 2 buse, if filing)					_						
Uni	ited States Bankrup	otcy Court for the	e: EASTERN DISTRICT	OF PENNSYLVANI	A							
Case number 19-12694							Check if	f this is:				
(If kr	nown)						■ An a	amended	l filing			
										g postpetition ollowing date:		
0	fficial Form	<u> 106l</u>					MM .	/ DD/ YY	YYY			
S	chedule I:	Your Inc	ome								12/15	
atta Pai	ch a separate she	et to this form.	r spouse is not filing w On the top of any additi									
1.	Fill in your employment information.			Debtor 1			De	Debtor 2 or non-filing spouse				
	If you have more		Employment status	☐ Employed				☐ Employed				
	attach a separate page with information about additional employers.			■ Not employed				☐ Not employed				
	Include part-time self-employed wo		Occupation Employer's name									
	Occupation may or homemaker, if	include student	Employer's address									
			How long employed t	here?				_				
Pai	rt 2: Give De	tails About Mo	nthly Income									
	imate monthly incuse unless you are		ate you file this form. If	you have nothing to	report for	any	line, write \$	60 in the	space. In	clude your no	on-filing	
	ou or your non-filing e space, attach a s		ore than one employer, control this form.	ombine the information	on for all	emp	loyers for tha	at perso	n on the I	ines below. If	you need	
							For Debto	or 1		otor 2 or ng spouse		
2.	List monthly gross wages, salary, and commissions (bedeductions). If not paid monthly, calculate what the monthly				2.	\$		0.00	\$	N/A		
3.	3. Estimate and list monthly overtime pay.				3.	+\$		0.00	+\$	N/A		
4.	Calculate gross	Income. Add li	ne 2 + line 3.		4.	\$	0.	.00	\$	N/A		

Official Form 106l Schedule I: Your Income page 1

Debt	tor 1	Robin K. Ingram		C	Case number (if known)	19-126	94		
	Con	y line 4 here	4.		For Debtor 1	For Denon-fi		2 or pouse N/A	
_			•		<u> </u>	—		13/7	
5.		all payroll deductions:	_			•			
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a 5b		\$ <u>0.00</u> \$ <u>0.00</u>	\$		N/A N/A	_
	5c.	Voluntary contributions for retirement plans	5c		\$ 0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d		\$ 0.00	\$		N/A	_
	5e.	Insurance	5e		\$ 0.00	\$		N/A	_
	5f.	Domestic support obligations	5f.		\$ 0.00	\$		N/A	_
	5g.	Union dues	5g		\$ 0.00	\$		N/A	_
	5h.	Other deductions. Specify:	_ 5h	1.+	\$ 0.00	+ \$		N/A	<u>. </u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	\$		N/A	<u> </u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$0.00	\$		N/A	<u> </u>
8.	8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a		\$ 0.00	\$		N/A	_
	8b.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8b).	\$0.00	\$		N/A	<u>\</u>
	8c. 8d.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation	8c 8d		\$\$ \$\$	\$		N/A N/A	_
	8e.	Social Security	8e) .	\$ 0.00	\$		N/A	
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	e _ 8f. 8g		\$	\$		N/A N/A	_
	8h.	Other monthly income. Specify:	8h	,	\$ 0.00	+ \$		N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		\$		N/	A
10	Cald	culate monthly income. Add line 7 + line 9.	10.	\$	2,708.32 + \$		N/A	= \$	2,708.32
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ_	2,700.02		14/7	_	2,700.02
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	dep			•	hedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes					12.	\$	2,708.32
13.	Do y	you expect an increase or decrease within the year after you file this form	?					Combi month	ned ly income
		No.							

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